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FORM

(To be used for all correspondence after initial filing)

Application No.	09/879,770
Filing Date	6/11/2001
First Named Inventor	David M. Aronovitz
Group Art Unit	2614
Examiner Name	Desir, Jean Wicel
Total Number of Pages in this Submission: 13	Attorney Docket No. SUN-P6047-SH

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and PTO Form 1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Notice/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers for Application <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address <input type="checkbox"/> Petition <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney by Assignee, with Revocation of Former Powers <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Credit Card Payment Form PTO-2038	<input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> After-Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Response to Official Action mailed 7/13/2004 <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s):
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Remarks:

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## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

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## CERTIFICATE OF MAILING

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Type or Printed Name	Teresa A. Fleming	Signature	
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